

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/598722** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6						
7						
8						
9						
10						
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26						
27						
28						
29						
30	1					
31	1					
32	1					
33						
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35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
59						
60						
61						
62						
63						
64	1					
65	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	11					
TOTAL DEP.	11					
TOTAL CLAIMS	78					